



2010-2011 DCPS BEFORESCHOOL PROGRAM ENROLLMENT PACKET CHECKLIST **For Students at Elementary Schools & Education Campuses**

*What do I need to bring with me in order to enroll my child in the DCPS
Before-school Program?*

1. The DCPS Before-school Program Enrollment Application (Packet A – 4 pages)

2. Documentation of Relationship to the Student

One of the following methods may be used to demonstrate that you are your child's parent or guardian:

- Documentation of TANF status which includes children's names;
- Birth certificate (large format – must include parents' names);
- Adoption papers/Court papers; or
- A referral from a DC Government Agency

3. Income Documentation – One of the following:

- Documentation of TANF-eligibility – Please bring *either*:
 - A letter with the child's name listed from the TANF worker, *or*
 - An Automated Client Eligibility Determination System (ACEDS) printout (active case with the child's name listed)
- A letter from your employer
 - *NOTE*: This is acceptable only if you have a new job, or are employed as a domestic employee and do not receive pay statements. The letter must specify hours of work and salary;
- Copies of the last 3 pay stubs for every adult in the household
- If you are self-employed only, a copy of your most recent tax return (and all schedules)



School: _____

Coordinator: _____

Student Information

Full Legal Name: _____

Date of Birth: _____ Student ID #: _____ TANF Case #: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Student Cell #: _____

Homeroom Teacher: _____ Grade: _____

Home Language: _____

Pick-Up Information Please check all options that apply:

| | | | |
|---|--|--------------|-----------------|
| ✓ | My child may be picked up by any of the following people: | | |
| | Name | Relationship | Phone Number(s) |
| | Name | Relationship | Phone Number(s) |
| | Name | Relationship | Phone Number(s) |
| | My child may walk home alone at _____ (time) unless otherwise specified. | | |

Contact Information

| | | |
|------------------------|------------|------------|
| Parent/Guardian Name | Cell Phone | Work Phone |
| | Home Phone | Email |
| Emergency Contact Name | Cell Phone | Work Phone |
| | Home Phone | Email |

For Afterschool coordinator Only: _____ Income Verification _____ Relationship Verification _____ Co-Payment Type (Free/Reduced/Standard)

Names of All Children in the Family Who Participate in the DCPS Before-school Program

| | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

Names of Other Children in the Immediate Family Who Are Not in the DCPS Before-school Program

| | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

Parent/Guardian Information DCPS must collect this information for federal reporting purposes.

| Statements | |
|---|--|
| My child lives with one parent/guardian: _____ (name) _____ (relationship) | |
| My child lives with two parents/guardians: _____ (name) _____ (name) | |

Release Information I agree to the terms written in the following statements:

| Initials | Statements |
|----------|---|
| | I hereby give permission for my child to participate in before-school activities sponsored by DCPS. |
| | I agree to pay the required co-payment for before-school programming if I do not qualify for free programming. |
| | I allow DCPS to use photos of my child and copies of my child's work for program advertisement, without use of my child's name. |

_____ Check here if your child is a DCPS student and you provided residency verification in order to enroll your child in school.

Please check off **only one** of the following:

_____ I will apply for a reduction or exemption from making payments for before-school programming. I will provide the required documentation to the after-school coordinator at my school when I submit this packet.

_____ I will pay the full \$5/day co-payment fee for my child to attend before-school programming.

Parent/Guardian Name: _____ Date: _____

CO-PAYMENT AGREEMENT

Please read “Co-Payment Overview: Payment Requirements” and “Co-Payment Overview: Documentation” on pages 3 and 4.

Please check off **only one** of the following boxes:

_____ I am applying for a reduction or exemption from making payments for before-school programming. As such, I have read pages 4 and 5 and am providing the documentation required for ***Documentation of Relationship to the Student*** and for ***Income Documentation*** as listed on page 5 under “*Co-Payment Overview: Documentation*”.

_____ I agree to pay \$5 for every day my child attends DCPS before-school programming and agree to the policies outlined below under “*Co-Payment Overview: Payment Requirements*” and will follow the payment plan, including dates and amounts, listed under “*Payment Schedule*” on page 4.

CO-PAYMENT OVERVIEW: PAYMENT REQUIREMENTS

In order for your child to participate in the DCPS Before-school Program, you need to make monthly payments prior to the start of each month. You will be charged \$5 for each day that your child attends DCPS before-school programming, regardless of the number of hours attended, unless you prove with the appropriate documentation (see below) that your child is eligible for free or reduced-price programming. We accept money orders, certified checks and cashier’s checks.

The payment schedule is as follows:

Payment Schedule

| <i>Month</i> | <i>Date Due</i> | <i>Amount Due</i> | <i>Days of Programming</i> |
|---------------------|------------------------|--------------------------|-----------------------------------|
| September | September 17th | \$85.00 | 17 |
| October | September 30th | \$95.00 | 19 |
| November | October 28th | \$90.00 | 18 |
| December | November 30th | \$65.00 | 13 |
| January | December 17th | \$95.00 | 19 |
| February | January 31th | \$85.00 | 17 |
| March | February 25th | \$110.00 | 22 |
| April | March 31st | \$70.00 | 14 |
| May | April 21st | \$100.00 | 20 |
| June | May 31st | \$65.00 | 13 |

CO-PAYMENT OVERVIEW: DOCUMENTATION

To enroll your student, you should bring for each student, in addition to this packet, documentation of relationship and income documentation in addition to your enrollment packet. You cannot qualify for a reduction or exemption from payments without this documentation. The following documents will be accepted:

Documentation of Relationship to the Student

One of the following documents may be used to demonstrate that you are your child's parent or guardian:

- Documentation of TANF-eligibility that includes child(ren)'s name(s) – Please bring either:
 - An Automated Client Eligibility Determination System (ACEDS) printout (active case with the child's name listed), or
 - A letter with the child's name listed from the TANF worker;
- Birth certificate (large format – must include parents' names);
- Adoption papers/Court papers; or
- A referral from a DC Government Agency

Income Documentation

One of the following documents may be used to verify your income:

- Documentation of TANF-eligibility – Please bring either:
 - A letter with the child's name listed from the TANF worker, or
 - An Automated Client Eligibility Determination System (ACEDS) printout (active case with the child's name listed)
- A letter from your employer
 - NOTE: This is acceptable only if you have a new job, or are employed as a domestic employee and do not receive pay statements. The letter must specify hours of work and salary;
- The three (3) most recent consecutive pay statements (original statement) for every adult in the household
 - NOTE: At least one must be dated no more than 30 days prior to the date of application.
- If you are self-employed only, a copy of your most recent tax return (and all related schedules)